



Montana Early Childhood Project

**MERIT PAY I**

**Employment Verification Form**

Upon completion of training hours you must submit the following items to the Early Childhood Project to receive your award money (find more information at [www.mtecp.org](http://www.mtecp.org) in What's New! at the bottom of the homepage):

- A copy of your online Professional Development Record and any training certificates for training that does not appear on the record.
- A completed W-9 tax form
- A copy of your current Practitioner Registry Certificate
- Employment Verification Form (this form)

*(NOTE: Please type or print using blue or black ink.)*

Name: \_\_\_\_\_ PS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Employer Certification:**

I certify that \_\_\_\_\_ is currently working 15 or more hours per week with children in my program which is a state licensed or registered child care facility.

Signature of Director/Owner: \_\_\_\_\_

Name of Program: \_\_\_\_\_

PV #: \_\_\_\_\_

I certify all information given is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An individual must work a minimum of 15 hours a week in an early childhood facility that is either registered or licensed by the Department of Public Health and Human Services Quality Assurance Division.

**\*\*\*Please note: in the future you will need to submit a current Practitioner Registry certificate with your initial Merit Pay I application.\*\*\***



FOR ECP OFFICE USE ONLY      Approved by: \_\_\_\_\_      Date: \_\_\_\_\_